

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	_____	(Y/N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	_____	(Y/N)
FAILED TO ADOPT	_____	(Y/N)
WITHDRAWN	_____	(Y/N)
OTHER		

1 Committee/Subcommittee hearing PCB: Select Committee on PPACA
2 (Patient Protection and Affordable Care Act)
3 Representative Fasano offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:
Section 1. Section 409.811, Florida Statutes, is amended
to read:

409.811 Definitions relating to Florida Kidcare Act.—As
used in ss. 409.810-409.821, the term:

(1) "Actuarially equivalent" means that:

(a) The aggregate value of the benefits included in health
benefits coverage is equal to the value of the benefits in the
benchmark benefit plan; and

(b) The benefits included in health benefits coverage are
substantially similar to the benefits included in the benchmark
benefit plan, except that preventive health services must be the
same as in the benchmark benefit plan.

(2) "Agency" means the Agency for Health Care

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Administration.

20
21 (3) "Applicant" means a parent or guardian of a child or a
22 child whose disability of nonage has been removed under chapter
23 743, who applies for determination of eligibility for health
24 benefits coverage under ss. 409.810-409.821.

25 (4) "Child benchmark benefit plan" means the form and
26 level of health benefits coverage established in s. 409.815.

27 (5) "Child" means any person younger than ~~under~~ 19 years
28 of age.

29 (6) "Child with special health care needs" means a child
30 whose serious or chronic physical or developmental condition
31 requires extensive preventive and maintenance care beyond that
32 required by typically healthy children. Health care utilization
33 by such a child exceeds the statistically expected usage of the
34 normal child adjusted for chronological age, and such a child
35 often needs complex care requiring multiple providers,
36 rehabilitation services, and specialized equipment in a number
37 of different settings.

38 (7) "Children's Medical Services Network" or "network"
39 means a statewide managed care service system as defined in s.
40 391.021(1).

41 (8) "CHIP" means the Children's Health Insurance Program
42 as authorized under Title XXI of the Social Security Act, and
43 its regulations, ss. 409.810-409.820, and as administered in
44 this state by the agency, the department, and the Florida
45 Healthy Kids Corporation, as appropriate to their respective
46 responsibilities.

47 (9) "Combined eligibility notice" means an eligibility

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48 notice that informs an applicant, an enrollee, or multiple
49 family members of a household, when feasible, of eligibility for
50 each of the insurance affordability programs and enrollment into
51 a program or exchange plan. A combined eligibility form must be
52 issued by the last agency or department to make an eligibility,
53 renewal or denial determination. The form must meet all of the
54 federal and state law and regulatory requirements no later than
55 January 1, 2014.

56 ~~(8) "Community rate" means a method used to develop~~
57 ~~premiums for a health insurance plan that spreads financial risk~~
58 ~~across a large population and allows adjustments only for age,~~
59 ~~gender, family composition, and geographic area.~~

60 ~~(10)(9) "Department" means the Department of Health.~~

61 ~~(11)(10) "Enrollee" means a child who has been determined~~
62 ~~eligible for and is receiving coverage under ss. 409.810-~~
63 ~~409.821.~~

64 ~~(11) "Family" means the group or the individuals whose~~
65 ~~income is considered in determining eligibility for the Florida~~
66 ~~Kidcare program. The family includes a child with a parent or~~
67 ~~caretaker relative who resides in the same house or living unit~~
68 ~~or, in the case of a child whose disability of nonage has been~~
69 ~~removed under chapter 743, the child. The family may also~~
70 ~~include other individuals whose income and resources are~~
71 ~~considered in whole or in part in determining eligibility of the~~
72 ~~child.~~

73 ~~(12) "Family income" means cash received at periodic~~
74 ~~intervals from any source, such as wages, benefits,~~
75 ~~contributions, or rental property. Income also may include any~~

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76 ~~money that would have been counted as income under the Aid to~~
77 ~~Families with Dependent Children (AFDC) state plan in effect~~
78 ~~prior to August 22, 1996.~~

79 ~~(12)-(13)~~ "Florida Kidcare program," "Kidcare program," or
80 "program" means the health benefits program administered through
81 ss. 409.810-409.821.

82 ~~(13)-(14)~~ "Guarantee issue" means that health benefits
83 coverage must be offered to an individual regardless of the
84 individual's health status, preexisting condition, or claims
85 history.

86 ~~(14)-(15)~~ "Health benefits coverage" means protection that
87 provides payment of benefits for covered health care services or
88 that otherwise provides, either directly or through arrangements
89 with other persons, covered health care services on a prepaid
90 per capita basis or on a prepaid aggregate fixed-sum basis.

91 ~~(15)-(16)~~ "Health insurance plan" means health benefits
92 coverage under the following:

93 (a) A health plan offered by any certified health
94 maintenance organization or authorized health insurer, except a
95 plan that is limited to the following: a limited benefit,
96 specified disease, or specified accident; hospital indemnity;
97 accident only; limited benefit convalescent care; Medicare
98 supplement; credit disability; dental; vision; long-term care;
99 disability income; coverage issued as a supplement to another
100 health plan; workers' compensation liability or other insurance;
101 or motor vehicle medical payment only; or

102 (b) An employee welfare benefit plan that includes health
103 benefits established under the Employee Retirement Income

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104 Security Act of 1974, as amended.

105 (16) "Household income" means the group or the individual
106 whose income is considered in determining eligibility for the
107 Florida Kidcare program. The term "household" has the same
108 meaning as provided in s. 36B(d)(2) of the Internal Revenue Code
109 of 1986.

110 (17) "Medicaid" means the medical assistance program
111 authorized by Title XIX of the Social Security Act, and
112 regulations thereunder, and ss. 409.901-409.920, as administered
113 in this state by the agency.

114 (18) "Medically necessary" means the use of any medical
115 treatment, service, equipment, or supply necessary to palliate
116 the effects of a terminal condition, or to prevent, diagnose,
117 correct, cure, alleviate, or preclude deterioration of a
118 condition that threatens life, causes pain or suffering, or
119 results in illness or infirmity and which is:

120 (a) Consistent with the symptom, diagnosis, and treatment
121 of the enrollee's condition;

122 (b) Provided in accordance with generally accepted
123 standards of medical practice;

124 (c) Not primarily intended for the convenience of the
125 enrollee, the enrollee's family, or the health care provider;

126 (d) The most appropriate level of supply or service for
127 the diagnosis and treatment of the enrollee's condition; and

128 (e) Approved by the appropriate medical body or health
129 care specialty involved as effective, appropriate, and essential
130 for the care and treatment of the enrollee's condition.

131 (19) "Medikids" means a component of the Florida Kidcare

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132 program of medical assistance authorized by Title XXI of the
133 Social Security Act, and regulations thereunder, and s.
134 409.8132, as administered in the state by the agency.

135 (20) "Modified adjusted gross income" means the
136 individual's or household's annual adjusted gross income as
137 defined in s. 36B(d)(2) of the Internal Revenue Code of 1986
138 which is used to determine eligibility under the Florida Kidcare
139 program.

140 (21) "Patient Protection and Affordable Care Act" or "act"
141 means the federal law enacted as Pub. L. No. 111-148, as further
142 amended by the federal Health Care and Education Reconciliation
143 Act of 2010, Pub. L. No. 111-152, and any amendments,
144 regulations, or guidance issued under those acts.

145 (22)-(20) "Preexisting condition exclusion" means, with
146 respect to coverage, a limitation or exclusion of benefits
147 relating to a condition based on the fact that the condition was
148 present before the date of enrollment for such coverage, whether
149 or not any medical advice, diagnosis, care, or treatment was
150 recommended or received before such date.

151 (23)-(21) "Premium" means the entire cost of a health
152 insurance plan, including the administration fee or the risk
153 assumption charge.

154 (24)-(22) "Premium assistance payment" means the monthly
155 consideration paid by the agency per enrollee in the Florida
156 Kidcare program towards health insurance premiums.

157 (25)-(23) "Qualified alien" means an alien as defined in 8
158 U.S.C. s. 1641 (b) and (c) s. 431 of the Personal Responsibility
159 and Work Opportunity Reconciliation Act of 1996, as amended,

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160 ~~Pub. L. No. 104-193.~~

161 ~~(26)-(24)~~ "Resident" means a United States citizen, or
162 qualified alien, who is domiciled in this state.

163 ~~(27)-(25)~~ "Rural county" means a county having a population
164 density of less than 100 persons per square mile, or a county
165 defined by the most recent United States Census as rural, in
166 which there is no prepaid health plan participating in the
167 Medicaid program as of July 1, 1998.

168 ~~(26) "Substantially similar" means that, with respect to~~
169 ~~additional services as defined in s. 2103(c)(2) of Title XXI of~~
170 ~~the Social Security Act, these services must have an actuarial~~
171 ~~value equal to at least 75 percent of the actuarial value of the~~
172 ~~coverage for that service in the benchmark benefit plan and,~~
173 ~~with respect to the basic services as defined in s. 2103(c)(1)~~
174 ~~of Title XXI of the Social Security Act, these services must be~~
175 ~~the same as the services in the benchmark benefit plan.~~

176 Section 2. Section 409.813, Florida Statutes, is amended
177 to read:

178 409.813 Health benefits coverage; program components;
179 entitlement and nonentitlement.-

180 (1) The Florida Kidcare program includes health benefits
181 coverage provided to children through the following program
182 components, which shall be marketed as the Florida Kidcare
183 program:

184 (a) Medicaid;

185 (b) Medikids as created in s. 409.8132;

186 (c) The Florida Healthy Kids Corporation as created in s.
187 624.91; and

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188 ~~(d) Employer-sponsored group health insurance plans~~
189 ~~approved under ss. 409.810-409.821; and~~

190 ~~(d)(e)~~ The Children's Medical Services network established
191 in chapter 391.

192 (2) Except for Title XIX-funded Florida Kidcare program
193 coverage under the Medicaid program, coverage under the Florida
194 Kidcare program is not an entitlement. No cause of action shall
195 arise against the state, the department, the Department of
196 Children and Families ~~Family Services~~, ~~or the agency, or the~~
197 Florida Healthy Kids Corporation for failure to make health
198 services available to any person under ss. 409.810-409.821.

199 Section 3. Subsections (6) and (7) of section 409.8132,
200 Florida Statutes, are amended to read:

201 409.8132 Medikids program component.—

202 (6) ELIGIBILITY.—

203 (a) A child who has attained the age of 1 year but who is
204 under the age of 5 years is eligible to enroll in the Medikids
205 program component of the Florida Kidcare program, if the child
206 is a member of a family that has a family income which exceeds
207 the Medicaid applicable income level as specified in s. 409.903,
208 but which is equal to or below 200 percent of the current
209 federal poverty level. In determining the eligibility of such a
210 child, an assets test is not required. ~~A child who is eligible~~
211 ~~for Medikids may elect to enroll in Florida Healthy Kids~~
212 ~~coverage or employer-sponsored group coverage. However, a child~~
213 ~~who is eligible for Medikids may participate in the Florida~~
214 ~~Healthy Kids program only if the child has a sibling~~
215 ~~participating in the Florida Healthy Kids program and the~~

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216 ~~child's county of residence permits such enrollment.~~

217 (b) The provisions of s. 409.814 apply to the Medikids
218 program.

219 (7) ENROLLMENT.—Enrollment in the Medikids program
220 component may occur at any time throughout the year. A child may
221 not receive services under the Medikids program until the child
222 is enrolled in a managed care plan or MediPass. Once determined
223 eligible, an applicant may receive choice counseling and select
224 a managed care plan or MediPass. The agency may initiate
225 mandatory assignment for a Medikids applicant who has not chosen
226 a managed care plan or MediPass provider after the applicant's
227 voluntary choice period ends. An applicant may select MediPass
228 under the Medikids program component only in counties that have
229 fewer than two managed care plans available to serve Medicaid
230 recipients ~~and only if the federal Health Care Financing~~
231 ~~Administration determines that MediPass constitutes "health~~
232 ~~insurance coverage" as defined in Title XXI of the Social~~
233 ~~Security Act.~~

234 Section 4. Subsection (2) of section 409.8134, Florida
235 Statutes, is amended to read:

236 409.8134 Program expenditure ceiling; enrollment.—

237 (2) The Florida Kidcare program may conduct enrollment
238 continuously throughout the year.

239 (a) Children eligible for coverage under the Title XXI-
240 funded Florida Kidcare program shall be enrolled on a first-
241 come, first-served basis using the date the enrollment
242 application is received. Enrollment shall immediately cease when
243 the expenditure ceiling is reached. Year-round enrollment shall

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244 only be held if the Social Services Estimating Conference
245 determines that sufficient federal and state funds will be
246 available to finance the increased enrollment.

247 (b) The application for the Florida Kidcare program is
248 valid for a period of 120 days after the date it was received.
249 At the end of the 120-day period, if the applicant has not been
250 enrolled in the program, the application is invalid and the
251 applicant shall be notified of the action. The applicant may
252 reactivate the application after notification of the action
253 taken by the program.

254 (c) Except for the Medicaid program, whenever the Social
255 Services Estimating Conference determines that there are
256 presently, or will be by the end of the current fiscal year,
257 insufficient funds to finance the current or projected
258 enrollment in the Florida Kidcare program, all additional
259 enrollment must cease and additional enrollment may not resume
260 until sufficient funds are available to finance such enrollment.

261 Section 5. Section 409.814, Florida Statutes, is amended
262 to read:

263 409.814 Eligibility.—A child who has not reached 19 years
264 of age whose household ~~family~~ income is equal to or below 200
265 percent of the federal poverty level is eligible for the Florida
266 Kidcare program as provided in this section. If an enrolled
267 individual is determined to be ineligible for coverage, he or
268 she must be immediately disenrolled from the respective Florida
269 Kidcare program component and referred to another insurance
270 affordability program, if appropriate, through a combined
271 eligibility notice.

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272 (1) A child who is eligible for Medicaid coverage under s.
273 409.903 or s. 409.904 must be offered the opportunity to enroll
274 enrolled in Medicaid ~~and is not eligible to receive health~~
275 ~~benefits under any other health benefits coverage authorized~~
276 ~~under the Florida Kidcare program.~~ A child who is eligible for
277 Medicaid and opts to enroll in CHIP may disenroll from CHIP at
278 any time and transition to Medicaid. This transition must occur
279 without any break in coverage.

280 (2) A child who is not eligible for Medicaid, but who is
281 eligible for the Florida Kidcare program, may obtain health
282 benefits coverage under any of the other components listed in s.
283 409.813 if such coverage is approved and available in the county
284 in which the child resides.

285 (3) A Title XXI-funded child who is eligible for the
286 Florida Kidcare program who is a child with special health care
287 needs, as determined through a medical or behavioral screening
288 instrument, is eligible for health benefits coverage from and
289 shall be assigned to and may opt out of the Children's Medical
290 Services Network.

291 (4) The following children are not eligible to receive
292 Title XXI-funded premium assistance for health benefits coverage
293 under the Florida Kidcare program, except under Medicaid if the
294 child would have been eligible for Medicaid under s. 409.903 or
295 s. 409.904 as of June 1, 1997:

296 (a) A child who is covered under a family member's group
297 health benefit plan or under other private or employer health
298 insurance coverage, if the cost of the child's participation is
299 not greater than 5 percent of the household's ~~family's~~ income.

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300 If a child is otherwise eligible for a subsidy under the Florida
301 Kidcare program and the cost of the child's participation in the
302 family member's health insurance benefit plan is greater than 5
303 percent of the household's ~~family's~~ income, the child may enroll
304 in the appropriate subsidized Kidcare program.

305 ~~(b) A child who is seeking premium assistance for the~~
306 ~~Florida Kidcare program through employer sponsored group~~
307 ~~coverage, if the child has been covered by the same employer's~~
308 ~~group coverage during the 60 days before the family submitted an~~
309 ~~application for determination of eligibility under the program.~~

310 (b) ~~(e)~~ A child who is an alien, but who does not meet the
311 definition of qualified alien, in the United States.

312 (c) ~~(d)~~ A child who is an inmate of a public institution or
313 a patient in an institution for mental diseases.

314 (d) ~~(e)~~ A child who is otherwise eligible for premium
315 assistance for the Florida Kidcare program and has had his or
316 her coverage in an employer-sponsored or private health benefit
317 plan voluntarily canceled in the last 60 days, except those
318 children whose coverage was voluntarily canceled for good cause,
319 including, but not limited to, the following circumstances:

320 1. The cost of participation in an employer-sponsored
321 health benefit plan is greater than 5 percent of the household's
322 modified adjusted gross ~~family's~~ income;

323 2. The parent lost a job that provided an employer-
324 sponsored health benefit plan for children;

325 3. The parent who had health benefits coverage for the
326 child is deceased;

327 4. The child has a medical condition that, without medical

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328 care, would cause serious disability, loss of function, or
329 death;

330 5. The employer of the parent canceled health benefits
331 coverage for children;

332 6. The child's health benefits coverage ended because the
333 child reached the maximum lifetime coverage amount;

334 7. The child has exhausted coverage under a COBRA
335 continuation provision;

336 8. The health benefits coverage does not cover the child's
337 health care needs; or

338 9. Domestic violence led to loss of coverage.

339 ~~(5) A child who is otherwise eligible for the Florida
340 Kidcare program and who has a preexisting condition that
341 prevents coverage under another insurance plan as described in
342 paragraph (4) (a) which would have disqualified the child for the
343 Florida Kidcare program if the child were able to enroll in the
344 plan is eligible for Florida Kidcare coverage when enrollment is
345 possible.~~

346 ~~(5)~~(6) A child whose household's modified adjusted gross
347 family income is above 200 percent of the federal poverty level
348 or a child who is excluded under the provisions of subsection
349 (4) may participate in the Florida Kidcare program as provided
350 in s. 409.8132 or, if the child is ineligible for Medikids by
351 reason of age, in the Florida Healthy Kids program, subject to
352 the following:

353 (a) The family is not eligible for premium assistance
354 payments and must pay the full cost of the premium, including
355 any administrative costs.

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356 (b) The board of directors of the Florida Healthy Kids
357 Corporation may offer a reduced benefit package to these
358 children in order to limit program costs for such families.

359 (c) By August 15, 2013, the Florida Healthy Kids
360 Corporation shall notify all current full-pay enrollees of the
361 availability of the exchange and how to access other insurance
362 affordability options. New applications for full-pay coverage
363 may not be accepted after September 30, 2013.

364 ~~(6)-(7)~~ Once a child is enrolled in the Florida Kidcare
365 program, the child is eligible for coverage for 12 months
366 without a redetermination or reverification of eligibility, if
367 the family continues to pay the applicable premium. Eligibility
368 for program components funded through Title XXI of the Social
369 Security Act terminates when a child attains the age of 19. A
370 child who has not attained the age of 5 and who has been
371 determined eligible for the Medicaid program is eligible for
372 coverage for 12 months without a redetermination or
373 reverification of eligibility.

374 ~~(7)-(8)~~ When determining or reviewing a child's eligibility
375 under the Florida Kidcare program, the applicant shall be
376 provided with reasonable notice of changes in eligibility which
377 may affect enrollment in one or more of the program components.
378 If a transition from one program component to another is
379 authorized, there shall be cooperation between the program
380 components and the affected family which promotes continuity of
381 health care coverage. Any authorized transfers must be managed
382 within the program's overall appropriated or authorized levels
383 of funding. Each component of the program shall establish a

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384 reserve to ensure that transfers between components will be
385 accomplished within current year appropriations. These reserves
386 shall be reviewed by each convening of the Social Services
387 Estimating Conference to determine the adequacy of such reserves
388 to meet actual experience.

389 ~~(8)-(9)~~ In determining the eligibility of a child, an
390 assets test is not required. Each applicant shall provide
391 documentation during the application process and the
392 redetermination process, including, but not limited to, the
393 following:

394 (a) Proof of household ~~family~~ income, which must be
395 verified electronically to determine financial eligibility for
396 the Florida Kidcare program. Written documentation, which may
397 include wages and earnings statements or pay stubs, W-2 forms,
398 or a copy of the applicant's most recent federal income tax
399 return, is required only if the electronic verification is not
400 available or does not substantiate the applicant's income. This
401 paragraph expires December 31, 2013.

402 (b) A statement from all applicable, employed household
403 ~~family~~ members that:

404 1. Their employers do not sponsor health benefit plans for
405 employees;

406 2. The potential enrollee is not covered by an employer-
407 sponsored health benefit plan; or

408 3. The potential enrollee is covered by an employer-
409 sponsored health benefit plan and the cost of the employer-
410 sponsored health benefit plan is more than 5 percent of the
411 household's modified adjusted gross ~~family's~~ income.

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412 (c) To enroll in the Children's Medical Services Network,
413 a completed application, including a clinical screening.

414 (d) Effective January 1, 2014, eligibility shall be
415 determined through electronic matching using the federally
416 managed data services hub and other resources. Written
417 documentation from the applicant may be accepted if the
418 electronic verification does not substantiate the applicant's
419 income or if there has been a change in circumstances.

420 ~~(9)-(10)~~ Subject to paragraph (4) (a), the Florida Kidcare
421 program shall withhold benefits from an enrollee if the program
422 obtains evidence that the enrollee is no longer eligible,
423 submitted incorrect or fraudulent information in order to
424 establish eligibility, or failed to provide verification of
425 eligibility. The applicant or enrollee shall be notified that
426 because of such evidence program benefits will be withheld
427 unless the applicant or enrollee contacts a designated
428 representative of the program by a specified date, which must be
429 within 10 working days after the date of notice, to discuss and
430 resolve the matter. The program shall make every effort to
431 resolve the matter within a timeframe that will not cause
432 benefits to be withheld from an eligible enrollee.

433 ~~(10)-(11)~~ The following individuals may be subject to
434 prosecution in accordance with s. 414.39:

435 (a) An applicant obtaining or attempting to obtain
436 benefits for a potential enrollee under the Florida Kidcare
437 program when the applicant knows or should have known the
438 potential enrollee does not qualify for the Florida Kidcare
439 program.

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440 (b) An individual who assists an applicant in obtaining or
441 attempting to obtain benefits for a potential enrollee under the
442 Florida Kidcare program when the individual knows or should have
443 known the potential enrollee does not qualify for the Florida
444 Kidcare program.

445 Section 6. Paragraphs (g), (k), (q), and (w) of subsection
446 (2) of section 409.815, Florida Statutes, are amended to read:

447 409.815 Health benefits coverage; limitations.—

448 (2) BENCHMARK BENEFITS.—In order for health benefits
449 coverage to qualify for premium assistance payments for an
450 eligible child under ss. 409.810-409.821, the health benefits
451 coverage, except for coverage under Medicaid and Medikids, must
452 include the following minimum benefits, as medically necessary.

453 (g) Behavioral health services.—

454 1. Mental health benefits include:

455 a. Inpatient services, ~~limited to 30 inpatient days per~~
456 ~~contract year~~ for psychiatric admissions, or residential
457 services in facilities licensed under s. 394.875(6) or s.
458 395.003 in lieu of inpatient psychiatric admissions; ~~however, a~~
459 ~~minimum of 10 of the 30 days shall be available only for~~
460 ~~inpatient psychiatric services~~ if authorized by a physician; and

461 b. Outpatient services, including outpatient visits for
462 psychological or psychiatric evaluation, diagnosis, and
463 treatment by a licensed mental health professional, ~~limited to~~
464 ~~40 outpatient visits each contract year.~~

465 2. Substance abuse services include:

466 a. Inpatient services, ~~limited to 7 inpatient days per~~
467 ~~contract year~~ for medical detoxification only and ~~30 days of~~

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468 residential services; and

469 b. Outpatient services, including evaluation, diagnosis,
470 and treatment by a licensed practitioner, ~~limited to 40~~
471 ~~outpatient visits per contract year.~~

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473 ~~Effective October 1, 2009,~~ Covered services include inpatient
474 and outpatient services for mental and nervous disorders as
475 defined in the most recent edition of the Diagnostic and
476 Statistical Manual of Mental Disorders published by the American
477 Psychiatric Association. Such benefits include psychological or
478 psychiatric evaluation, diagnosis, and treatment by a licensed
479 mental health professional and inpatient, outpatient, and
480 residential treatment of substance abuse disorders. Any benefit
481 limitations, including duration of services, number of visits,
482 or number of days for hospitalization or residential services,
483 shall not be any less favorable than those for physical
484 illnesses generally. The program may also implement appropriate
485 financial incentives, peer review, utilization requirements, and
486 other methods used for the management of benefits provided for
487 other medical conditions in order to reduce service costs and
488 utilization without compromising quality of care.

489 (k) Hospice services.—Covered services include reasonable
490 and necessary services for palliation or management of an
491 enrollee's terminal illness, ~~with the following exceptions:~~

492 1. ~~Once a family elects to receive hospice care for an~~
493 ~~enrollee, other services that treat the terminal condition will~~
494 ~~not be covered; and~~

495 2. ~~Services required for conditions totally unrelated to~~

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496 ~~the terminal condition are covered to the extent that the~~
497 ~~services are included in this section.~~

498 (q) Dental services. ~~Effective October 1, 2009,~~ Dental
499 services shall be covered as required under federal law and may
500 also include those dental benefits provided to children by the
501 Florida Medicaid program under s. 409.906(6).

502 (w) Reimbursement of federally qualified health centers
503 and rural health clinics. ~~Effective October 1, 2009,~~ Payments
504 for services provided to enrollees by federally qualified health
505 centers and rural health clinics under this section shall be
506 reimbursed using the Medicaid Prospective Payment System as
507 provided for under s. 2107(e)(1)(D) of the Social Security Act.
508 If such services are paid for by health insurers or health care
509 providers under contract with the Florida Healthy Kids
510 Corporation, such entities are responsible for this payment. The
511 agency may seek any available federal grants to assist with this
512 transition.

513 Section 7. Section 409.816, Florida Statutes, is amended
514 to read:

515 409.816 Limitations on premiums and cost-sharing.—The
516 following limitations on premiums and cost-sharing are
517 established for the program.

518 (1) Enrollees who receive coverage under the Medicaid
519 program may not be required to pay:

520 (a) Enrollment fees, premiums, or similar charges; or
521 (b) Copayments, deductibles, coinsurance, or similar
522 charges.

523 (2) Enrollees in households that have ~~families with a~~

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524 modified adjusted gross ~~family~~ income equal to or below 150
525 percent of the federal poverty level, who are not receiving
526 coverage under the Medicaid program, may not be required to pay:

527 (a) Enrollment fees, premiums, or similar charges that
528 exceed the maximum monthly charge permitted under s. 1916(b)(1)
529 of the Social Security Act; or

530 (b) Copayments, deductibles, coinsurance, or similar
531 charges that exceed a nominal amount, as determined consistent
532 with regulations referred to in s. 1916(a)(3) of the Social
533 Security Act. However, such charges may not be imposed for
534 preventive services, including well-baby and well-child care,
535 age-appropriate immunizations, and routine hearing and vision
536 screenings.

537 (3) Enrollees in households that have ~~families with a~~
538 modified adjusted gross ~~family~~ income above 150 percent of the
539 federal poverty level who are not receiving coverage under the
540 Medicaid program or who are not eligible under s. 409.814(5) ~~s.~~
541 ~~409.814(6)~~ may be required to pay enrollment fees, premiums,
542 copayments, deductibles, coinsurance, or similar charges on a
543 sliding scale related to income, except that the total annual
544 aggregate cost-sharing with respect to all children in a
545 household ~~family~~ may not exceed 5 percent of the household's
546 modified adjusted ~~family's~~ income. However, copayments,
547 deductibles, coinsurance, or similar charges may not be imposed
548 for preventive services, including well-baby and well-child
549 care, age-appropriate immunizations, and routine hearing and
550 vision screenings.

551 Section 8. Section 409.817, Florida Statutes, is repealed.

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552 Section 9. Section 409.8175, Florida Statutes, is
553 repealed.

554 Section 10. Paragraph (c) of subsection (1) of section
555 409.8177, Florida Statutes, is amended to read:

556 409.8177 Program evaluation.—

557 (1) The agency, in consultation with the Department of
558 Health, the Department of Children and Families ~~Family Services~~,
559 and the Florida Healthy Kids Corporation, shall contract for an
560 evaluation of the Florida Kidcare program and shall by January 1
561 of each year submit to the Governor, the President of the
562 Senate, and the Speaker of the House of Representatives a report
563 of the program. In addition to the items specified under s. 2108
564 of Title XXI of the Social Security Act, the report shall
565 include an assessment of crowd-out and access to health care, as
566 well as the following:

567 (c) The characteristics of the children and families
568 assisted under the program, including ages of the children,
569 household ~~family~~ income, and access to or coverage by other
570 health insurance prior to the program and after disenrollment
571 from the program.

572 Section 11. Section 409.818, Florida Statutes, is amended
573 to read:

574 409.818 Administration.—In order to implement ss. 409.810-
575 409.821, the following agencies shall have the following duties:

576 (1) The Department of Children and Families ~~Family~~
577 ~~Services~~ shall:

578 (a) Maintain ~~Develop~~ a simplified eligibility
579 determination and renewal process ~~application mail-in form to be~~

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580 ~~used for determining the eligibility of children for coverage~~
581 under the Florida Kidcare program, in consultation with the
582 agency, the Department of Health, and the Florida Healthy Kids
583 Corporation. The simplified eligibility process ~~application form~~
584 must include ~~an item that provides~~ an opportunity for the
585 applicant to indicate whether coverage is being sought for a
586 child with special health care needs. Families applying for
587 children's Medicaid coverage must also be able to use the
588 simplified application process ~~form~~ without having to pay a
589 premium.

590 (b) Establish and maintain the eligibility determination
591 process under the program except as specified in subsection (3),
592 which includes the following: ~~(5)~~.

593 1. The department shall directly, or through the services
594 of a contracted third-party administrator, establish and
595 maintain a process for determining eligibility of children for
596 coverage under the program. The eligibility determination
597 process must be used solely for determining eligibility of
598 applicants for health benefits coverage under the program. The
599 eligibility determination process must include an initial
600 determination of eligibility for any coverage offered under the
601 program, as well as a redetermination or reverification of
602 eligibility each subsequent 6 months. ~~Effective January 1, 1999,~~
603 A child who has not attained the age of 5 and who has been
604 determined eligible for the Medicaid program is eligible for
605 coverage for 12 months without a redetermination or
606 reverification of eligibility. In conducting an eligibility
607 determination, the department shall determine if the child has

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608 special health care needs.

609 2. The department, in consultation with the Agency for
610 Health Care Administration and the Florida Healthy Kids
611 Corporation, shall develop procedures for redetermining
612 eligibility which enable applicants and enrollees ~~a family~~ to
613 easily update any change in circumstances which could affect
614 eligibility.

615 3. The department may accept changes in ~~a family's~~ status
616 as reported to the department by the Florida Healthy Kids
617 Corporation or the exchange without requiring a new application
618 ~~from the family~~. Redetermination of a child's eligibility for
619 Medicaid may not be linked to a child's eligibility
620 determination for other programs.

621 4. The department, in consultation with the agency and the
622 Florida Healthy Kids Corporation, shall develop a combined
623 eligibility notice to inform applicants and enrollees of their
624 application or renewal status, as appropriate. The content must
625 be coordinated to meet all federal and state requirements under
626 the federal Patient Protection and Affordable Care Act.

627 (c) Inform program applicants about eligibility
628 determinations and provide information about eligibility of
629 applicants to the Florida Kidcare program and to insurers and
630 their agents, ~~through a centralized coordinating office.~~

631 (d) Adopt rules necessary for conducting program
632 eligibility functions.

633 ~~(2) The Department of Health shall:~~

634 ~~(a) Design an eligibility intake process for the program,~~
635 ~~in coordination with the Department of Children and Family~~

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636 ~~Services, the agency, and the Florida Healthy Kids Corporation.~~
637 ~~The eligibility intake process may include local intake points~~
638 ~~that are determined by the Department of Health in coordination~~
639 ~~with the Department of Children and Family Services.~~

640 ~~(b) Chair a state-level Florida Kidcare coordinating~~
641 ~~council to review and make recommendations concerning the~~
642 ~~implementation and operation of the program. The coordinating~~
643 ~~council shall include representatives from the department, the~~
644 ~~Department of Children and Family Services, the agency, the~~
645 ~~Florida Healthy Kids Corporation, the Office of Insurance~~
646 ~~Regulation of the Financial Services Commission, local~~
647 ~~government, health insurers, health maintenance organizations,~~
648 ~~health care providers, families participating in the program,~~
649 ~~and organizations representing low-income families.~~

650 ~~(c) In consultation with the Florida Healthy Kids~~
651 ~~Corporation and the Department of Children and Family Services,~~
652 ~~establish a toll-free telephone line to assist families with~~
653 ~~questions about the program.~~

654 ~~(d) Adopt rules necessary to implement outreach~~
655 ~~activities.~~

656 ~~(2)(3)~~ The Agency for Health Care Administration, under
657 the authority granted in s. 409.914(1), shall:

658 (a) Calculate the premium assistance payment necessary to
659 comply with the premium and cost-sharing limitations specified
660 in s. 409.816 and the federal Patient Protection and Affordable
661 Care Act. The premium assistance payment for each enrollee in a
662 health insurance plan participating in the Florida Healthy Kids
663 Corporation shall equal the premium approved by the Florida

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664 ~~Healthy Kids Corporation and the Office of Insurance Regulation~~
665 ~~of the Financial Services Commission pursuant to ss. 627.410 and~~
666 ~~641.31, less any enrollee's share of the premium established~~
667 ~~within the limitations specified in s. 409.816. The premium~~
668 ~~assistance payment for each enrollee in an employer-sponsored~~
669 ~~health insurance plan approved under ss. 409.810-409.821 shall~~
670 ~~equal the premium for the plan adjusted for any benchmark~~
671 ~~benefit plan actuarial equivalent benefit rider approved by the~~
672 ~~Office of Insurance Regulation pursuant to ss. 627.410 and~~
673 ~~641.31, less any enrollee's share of the premium established~~
674 ~~within the limitations specified in s. 409.816. In calculating~~
675 ~~the premium assistance payment levels for children with family~~
676 ~~coverage, the agency shall set the premium assistance payment~~
677 ~~levels for each child proportionately to the total cost of~~
678 ~~family coverage.~~

679 (b) Make premium assistance payments to health insurance
680 plans on a periodic basis. The agency may use its Medicaid
681 fiscal agent or a contracted third-party administrator in making
682 these payments. The agency may require health insurance plans
683 that participate in the Medikids program ~~or employer-sponsored~~
684 ~~group health insurance~~ to collect premium payments from an
685 enrollee's family. Participating health insurance plans shall
686 report premium payments collected on behalf of enrollees in the
687 program to the agency in accordance with a schedule established
688 by the agency.

689 (c) Monitor compliance with quality assurance and access
690 standards developed under s. 409.820 and in accordance with s.
691 2103(f) of the Social Security Act, 42 U.S.C. s. 1397cc(f).

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692 (d) Establish a mechanism for investigating and resolving
693 complaints and grievances from program applicants, enrollees,
694 and health benefits coverage providers, and maintain a record of
695 complaints and confirmed problems. In the case of a child who is
696 enrolled in a managed care ~~health maintenance~~ organization, the
697 agency must use the provisions of s. 641.511 to address
698 grievance reporting and resolution requirements.

699 ~~(e) Approve health benefits coverage for participation in~~
700 ~~the program, following certification by the Office of Insurance~~
701 ~~Regulation under subsection (4).~~

702 ~~(e)-(f) Adopt rules necessary for calculating premium~~
703 ~~assistance payment levels, making premium assistance payments,~~
704 ~~monitoring access and quality assurance standards and,~~
705 ~~investigating and resolving complaints and grievances,~~
706 ~~administering the Medikids program, and approving health~~
707 ~~benefits coverage.~~

708 (f) Contract with the Florida Healthy Kids Corporation for
709 the administration of the Florida Kidcare program and the
710 Healthy Florida program and to facilitate the release of any
711 federal and state funds.

712
713 The agency is designated the lead state agency for Title XXI of
714 the Social Security Act for purposes of receipt of federal
715 funds, for reporting purposes, and for ensuring compliance with
716 federal and state regulations and rules.

717 ~~(4) The Office of Insurance Regulation shall certify that~~
718 ~~health benefits coverage plans that seek to provide services~~
719 ~~under the Florida Kidcare program, except those offered through~~

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720 ~~the Florida Healthy Kids Corporation or the Children's Medical~~
721 ~~Services Network, meet, exceed, or are actuarially equivalent to~~
722 ~~the benchmark benefit plan and that health insurance plans will~~
723 ~~be offered at an approved rate. In determining actuarial~~
724 ~~equivalence of benefits coverage, the Office of Insurance~~
725 ~~Regulation and health insurance plans must comply with the~~
726 ~~requirements of s. 2103 of Title XXI of the Social Security Act.~~
727 ~~The department shall adopt rules necessary for certifying health~~
728 ~~benefits coverage plans.~~

729 (3)~~(5)~~ The Florida Healthy Kids Corporation shall retain
730 its functions as authorized in s. 624.91, including eligibility
731 determination for participation in the Healthy Kids program.

732 (4)~~(6)~~ The agency, the Department of Health, the
733 Department of Children and Families ~~Family Services~~, and the
734 Florida Healthy Kids Corporation, ~~and the Office of Insurance~~
735 ~~Regulation~~, after consultation with and approval of the Speaker
736 of the House of Representatives and the President of the Senate,
737 may ~~are authorized to~~ make program modifications that are
738 necessary to overcome any objections of the United States
739 Department of Health and Human Services to obtain approval of
740 the state's child health insurance plan under Title XXI of the
741 Social Security Act.

742 Section 12. Section 409.820, Florida Statutes, is amended
743 to read:

744 409.820 Quality assurance and access standards.—Except for
745 Medicaid, the Department of Health, in consultation with the
746 agency and the Florida Healthy Kids Corporation, shall develop a
747 minimum set of pediatric and adolescent quality assurance and

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748 access standards for all program components. The standards must
749 include a process for granting exceptions to specific
750 requirements for quality assurance and access. Compliance with
751 the standards shall be a condition of program participation by
752 health benefits coverage providers. These standards shall comply
753 with the provisions of this chapter and chapter 641 and Title
754 XXI of the Social Security Act.

755 Section 13. Section 624.91, Florida Statutes, is amended
756 to read:

757 624.91 The Florida Healthy Kids Corporation Act.—

758 (1) SHORT TITLE.—This section may be cited as the "William
759 G. 'Doc' Myers Healthy Kids Corporation Act."

760 (2) LEGISLATIVE INTENT.—

761 (a) The Legislature finds that increased access to health
762 care services could improve children's health and reduce the
763 incidence and costs of childhood illness and disabilities among
764 children in this state. Many children do not have comprehensive,
765 affordable health care services available. It is the intent of
766 the Legislature that the Florida Healthy Kids Corporation
767 provide comprehensive health insurance coverage to such
768 children. The corporation is encouraged to cooperate with any
769 existing health service programs funded by the public or the
770 private sector.

771 (b) It is the intent of the Legislature that the Florida
772 Healthy Kids Corporation serve as one of several providers of
773 services to children eligible for medical assistance under Title
774 XXI of the Social Security Act. Although the corporation may
775 serve other children, the Legislature intends the primary

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776 recipients of services provided through the corporation be
777 school-age children with a family income below 200 percent of
778 the federal poverty level, who do not qualify for Medicaid. It
779 is also the intent of the Legislature that state and local
780 government Florida Healthy Kids funds be used to continue
781 coverage, subject to specific appropriations in the General
782 Appropriations Act, to children not eligible for federal
783 matching funds under Title XXI.

784 (c) It is further the intent of the Legislature that the
785 Florida Healthy Kids Corporation administer and manage services
786 for Healthy Florida, a health care program for uninsured adults
787 using a unique network of providers and contracts. Enrollees in
788 Healthy Florida will receive comprehensive health care services
789 from private, licensed health insurers who meet standards
790 established by the corporation. It is further the intent of the
791 Legislature that these enrollees participate in their own health
792 care decisionmaking and contribute financially toward their
793 medical costs. The Legislature intends to provide an alternative
794 benefit package that includes a full range of services which
795 meet the needs of residents of this state. As a new program, the
796 Legislature shall also ensure that a comprehensive evaluation is
797 conducted to measure the overall impact of the program and
798 identify whether to renew the program after an initial 3-year
799 term.

800 (3) ELIGIBILITY FOR STATE-FUNDED ASSISTANCE.—Only the
801 following individuals are eligible for state-funded assistance
802 in paying premiums for Healthy Florida or Florida Healthy Kids
803 premiums:

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804 (a) Residents of this state who are eligible for the
805 Florida Kidcare program pursuant to s. 409.814 or the Healthy
806 Florida pursuant to s. 624.917.

807 (b) Notwithstanding s. 409.814, legal aliens who are
808 enrolled in the Florida Healthy Kids program as of January 31,
809 2004, who do not qualify for Title XXI federal funds because
810 they are not qualified aliens as defined in s. 409.811.

811 (4) NONENTITLEMENT.—Nothing in this section shall be
812 construed as providing an individual with an entitlement to
813 health care services. No cause of action shall arise against the
814 state, the Florida Healthy Kids Corporation, or a unit of local
815 government for failure to make health services available under
816 this section.

817 (5) CORPORATION AUTHORIZATION, DUTIES, POWERS.—

818 (a) There is created the Florida Healthy Kids Corporation,
819 a not-for-profit corporation.

820 (b) The Florida Healthy Kids Corporation shall:

821 1. Arrange for the collection of any family, individual,
822 or local contributions, ~~or employer payment or premium,~~ in an
823 amount to be determined by the board of directors, to provide
824 for payment of premiums for comprehensive insurance coverage and
825 for the actual or estimated administrative expenses.

826 2. Arrange for the collection of any voluntary
827 contributions to provide for payment of premiums for enrollees
828 in the Florida Kidcare program or Healthy Florida ~~premiums for~~
829 ~~children who are not eligible for medical assistance under Title~~
830 ~~XIX or Title XXI of the Social Security Act.~~

831 3. Subject to the provisions of s. 409.8134, accept

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832 voluntary supplemental local match contributions that comply
833 with the requirements of Title XXI of the Social Security Act
834 for the purpose of providing additional Florida Kidcare coverage
835 in contributing counties under Title XXI.

836 4. Establish the administrative and accounting procedures
837 for the operation of the corporation.

838 5. Establish, with consultation from appropriate
839 professional organizations, standards for preventive health
840 services and providers and comprehensive insurance benefits
841 appropriate to children, provided that such standards for rural
842 areas shall not limit primary care providers to board-certified
843 pediatricians.

844 6. Determine eligibility for children seeking to
845 participate in the Title XXI-funded components of the Florida
846 Kidcare program consistent with the requirements specified in s.
847 409.814, as well as the non-Title-XXI-eligible children as
848 provided in subsection (3).

849 7. Establish procedures under which providers of local
850 match to, applicants to and participants in the program may have
851 grievances reviewed by an impartial body and reported to the
852 board of directors of the corporation.

853 8. Establish participation criteria and, if appropriate,
854 contract with an authorized insurer, health maintenance
855 organization, or third-party administrator to provide
856 administrative services to the corporation.

857 9. Establish enrollment criteria that include penalties or
858 waiting periods of 30 days for reinstatement of coverage upon
859 voluntary cancellation for nonpayment of family and individual

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860 premiums under the programs.

861 10. Contract with authorized insurers or any provider of
862 health care services, meeting standards established by the
863 corporation, for the provision of comprehensive insurance
864 coverage to participants. Such standards shall include criteria
865 under which the corporation may contract with more than one
866 provider of health care services in program sites.

867 a. Health plans shall be selected through a competitive
868 bid process.

869 b. The Florida Healthy Kids Corporation shall purchase
870 goods and services in the most cost-effective manner consistent
871 with the delivery of quality medical care. The maximum
872 administrative cost for a Florida Healthy Kids Corporation
873 contract shall be 15 percent. For all health care contracts, the
874 minimum medical loss ratio is ~~for a Florida Healthy Kids~~
875 ~~Corporation contract shall be~~ 85 percent. The calculations must
876 use uniform financial data collected from all plans in a format
877 established by the corporation and shall be computed for each
878 insurer on a statewide basis. Funds shall be classified in a
879 manner consistent with 45 C.F.R. part 158 ~~For dental contracts,~~
880 ~~the remaining compensation to be paid to the authorized insurer~~
881 ~~or provider under a Florida Healthy Kids Corporation contract~~
882 ~~shall be no less than an amount which is 85 percent of premium,~~
883 ~~to the extent any contract provision does not provide for this~~
884 ~~minimum compensation, this section shall prevail.~~

885 c. The health plan selection criteria and scoring system,
886 and the scoring results, shall be available upon request for
887 inspection after the bids have been awarded.

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888 11. Establish disenrollment criteria in the event local
889 matching funds are insufficient to cover enrollments.

890 12. Develop and implement a plan to publicize the Florida
891 Kidcare program and Healthy Florida, the eligibility
892 requirements of the programs program, and the procedures for
893 enrollment in the program and to maintain public awareness of
894 the corporation and the programs program.

895 13. Secure staff necessary to properly administer the
896 corporation. Staff costs shall be funded from state and local
897 matching funds and such other private or public funds as become
898 available. The board of directors shall determine the number of
899 staff members necessary to administer the corporation.

900 14. In consultation with the partner agencies, annually
901 provide a report on the Florida Kidcare program ~~annually~~ to the
902 Governor, the Chief Financial Officer, the Commissioner of
903 Education, the President of the Senate, the Speaker of the House
904 of Representatives, and the Minority Leaders of the Senate and
905 the House of Representatives.

906 15. Provide information on a quarterly basis to the
907 Legislature and the Governor which compares the costs and
908 utilization of the full-pay enrolled population and the Title
909 XXI-subsidized enrolled population in the Florida Kidcare
910 program. The information, at a minimum, must include:

911 a. The monthly enrollment and expenditure for full-pay
912 enrollees in the Medikids and Florida Healthy Kids programs
913 compared to the Title XXI-subsidized enrolled population; and

914 b. The costs and utilization by service of the full-pay
915 enrollees in the Medikids and Florida Healthy Kids programs and

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916 the Title XXI-subsidized enrolled population. This subparagraph
917 is repealed effective December 31, 2013.

918

919 ~~By February 1, 2010, the Florida Healthy Kids Corporation shall~~
920 ~~provide a study to the Legislature and the Governor on premium~~
921 ~~impacts to the subsidized portion of the program from the~~
922 ~~inclusion of the full-pay program, which shall include~~
923 ~~recommendations on how to eliminate or mitigate possible impacts~~
924 ~~to the subsidized premiums.~~

925 16. By August 15, 2013, the corporation shall notify all
926 current full-pay enrollees of the availability of the exchange,
927 as defined in the federal Patient Protection and Affordable Care
928 Act, and how to access other insurance affordability options.
929 New applications for full-pay coverage may not be accepted after
930 September 30, 2013.

931 ~~17.16.~~ Establish benefit packages that conform to the
932 provisions of the Florida Kidcare program, as created in ss.
933 409.810-409.821.

934 (c) Coverage under the corporation's program is secondary
935 to any other available private coverage held by, or applicable
936 to, the participant ~~child~~ or family member. Insurers under
937 contract with the corporation are the payors of last resort and
938 must coordinate benefits with any other third-party payor that
939 may be liable for the participant's medical care.

940 (d) The Florida Healthy Kids Corporation shall be a
941 private corporation not for profit, registered, incorporated,
942 and organized pursuant to chapter 617, and shall have all powers
943 necessary to carry out the purposes of this act, including, but

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944 not limited to, the power to receive and accept grants, loans,
945 or advances of funds from any public or private agency and to
946 receive and accept from any source contributions of money,
947 property, labor, or any other thing of value, to be held, used,
948 and applied for the purposes of this act. The corporation and
949 any committees it forms shall act in compliance with part III of
950 chapter 112, and chapters 119 and 286.

951 (6) BOARD OF DIRECTORS AND MANAGEMENT SUPERVISION.-

952 (a) The Florida Healthy Kids Corporation shall operate
953 subject to the supervision and approval of a board of directors
954 chaired by an appointee designated by the Governor ~~Chief~~
955 ~~Financial Officer or her or his designee,~~ and composed of 12
956 other members. The Senate shall confirm the designated chair and
957 other board appointees selected for 3-year terms of office as
958 ~~follows:~~

959 ~~1. The Secretary of Health Care Administration, or his or~~
960 ~~her designee.~~

961 ~~2. One member appointed by the Commissioner of Education~~
962 ~~from the Office of School Health Programs of the Florida~~
963 ~~Department of Education.~~

964 ~~3. One member appointed by the Chief Financial Officer~~
965 ~~from among three members nominated by the Florida Pediatric~~
966 ~~Society.~~

967 ~~4. One member, appointed by the Governor, who represents~~
968 ~~the Children's Medical Services Program.~~

969 ~~5. One member appointed by the Chief Financial Officer~~
970 ~~from among three members nominated by the Florida Hospital~~
971 ~~Association.~~

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972 ~~6. One member, appointed by the Governor, who is an expert~~
973 ~~on child health policy.~~

974 ~~7. One member, appointed by the Chief Financial Officer,~~
975 ~~from among three members nominated by the Florida Academy of~~
976 ~~Family Physicians.~~

977 ~~8. One member, appointed by the Governor, who represents~~
978 ~~the state Medicaid program.~~

979 ~~9. One member, appointed by the Chief Financial Officer,~~
980 ~~from among three members nominated by the Florida Association of~~
981 ~~Counties.~~

982 ~~10. The State Health Officer or her or his designee.~~

983 ~~11. The Secretary of Children and Family Services, or his~~
984 ~~or her designee.~~

985 ~~12. One member, appointed by the Governor, from among~~
986 ~~three members nominated by the Florida Dental Association.~~

987 (b) A member of the board of directors serves at the
988 pleasure of the Governor ~~may be removed by the official who~~
989 ~~appointed that member.~~ The board shall appoint an executive
990 director, who is responsible for other staff authorized by the
991 board.

992 (c) Board members are entitled to receive, from funds of
993 the corporation, reimbursement for per diem and travel expenses
994 as provided by s. 112.061.

995 (d) There shall be no liability on the part of, and no
996 cause of action shall arise against, any member of the board of
997 directors, or its employees or agents, for any action they take
998 in the performance of their powers and duties under this act.

999 (e) Board members who are serving on or before the date of

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1000 enactment of this act or similar legislation may remain until
1001 July 1, 2013.

1002 (f) An executive steering committee is created to provide
1003 management direction and support and to make recommendations to
1004 the board on the programs. The steering committee is composed of
1005 the Secretary of Health Care Administration, the Secretary of
1006 Children and Families, and the State Surgeon General. Committee
1007 members may not delegate their membership or attendance.

1008 (7) LICENSING NOT REQUIRED; FISCAL OPERATION.—

1009 (a) The corporation shall not be deemed an insurer. The
1010 officers, directors, and employees of the corporation shall not
1011 be deemed to be agents of an insurer. Neither the corporation
1012 nor any officer, director, or employee of the corporation is
1013 subject to the licensing requirements of the insurance code or
1014 the rules of the Department of Financial Services or Office of
1015 Insurance Regulation. However, any marketing representative
1016 utilized and compensated by the corporation must be appointed as
1017 a representative of the insurers or health services providers
1018 with which the corporation contracts.

1019 (b) The board has complete fiscal control over the
1020 corporation and is responsible for all corporate operations.

1021 (c) The Department of Financial Services shall supervise
1022 any liquidation or dissolution of the corporation and shall
1023 have, with respect to such liquidation or dissolution, all power
1024 granted to it pursuant to the insurance code.

1025 Section 14. Section 624.915, Florida Statutes, is
1026 repealed.

1027 Section 15. Section 624.917, Florida Statutes, is created

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to read:

624.917 Healthy Florida program.-

(1) PROGRAM CREATION.-There is created Healthy Florida, a health care program for lower income, uninsured adults who meet the eligibility guidelines established under s. 624.91. The Florida Healthy Kids Corporation shall administer the program under its existing corporate governance and structure.

(2) DEFINITIONS.-As used in this section, the term:

(a) "Actuarially equivalent" means:

1. The aggregate value of the benefits included in health benefits coverage is equal to the value of the benefits in the child benchmark benefit plan as defined in s. 409.811; and

2. The benefits included in health benefits coverage are substantially similar to the benefits included in the child benchmark benefit plan, except that preventive health services do not include dental services.

(b) "Agency" means the Agency for Health Care Administration.

(c) "Applicant" means the individual who applies for determination of eligibility for health benefits coverage under this section.

(d) "Child benchmark benefit plan" means the form and level of health benefits coverage established in s. 409.815.

(e) "Child" means any person younger than 19 years of age.

(f) "Corporation" means the Florida Healthy Kids Corporation.

(g) "Enrollee" means an individual who has been determined eligible for and is receiving coverage under this section.

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1056 (h) "Florida Kidcare program" or "Kidcare program," means
1057 the health benefits program administered through ss. 409.810-
1058 409.821.

1059 (i) "Health benefits coverage" means protection that
1060 provides payment of benefits for covered health care services or
1061 that otherwise provides, either directly or through arrangements
1062 with other persons, covered health care services on a prepaid
1063 per capita basis or on a prepaid aggregate fixed-sum basis.

1064 (j) "Healthy Florida" means the program created by this
1065 section which is administered by the Florida Healthy Kids
1066 Corporation.

1067 (k) "Healthy Kids" means the Florida Kidcare program
1068 component created under s. 624.91 for children who are 5 through
1069 18 years of age.

1070 (l) "Household income" means the group or the individual
1071 whose income is considered in determining eligibility for the
1072 Healthy Florida program. The term "household" has the same
1073 meaning as provided in s. 36B(d) (2) of the Internal Revenue Code
1074 of 1986.

1075 (m) "Medicaid" means the medical assistance program
1076 authorized by Title XIX of the Social Security Act, and
1077 regulations thereunder, and ss. 409.901-409.920, as administered
1078 in this state by the agency.

1079 (n) "Medically necessary" means the use of any medical
1080 treatment, service, equipment, or supply necessary to palliate
1081 the effects of a terminal condition, or to prevent, diagnose,
1082 correct, cure, alleviate, or preclude deterioration of a
1083 condition that threatens life, causes pain or suffering, or

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1084 results in illness or infirmity and which is:

1085 1. Consistent with the symptom, diagnosis, and treatment
1086 of the enrollee's condition;

1087 2. Provided in accordance with generally accepted
1088 standards of medical practice;

1089 3. Not primarily intended for the convenience of the
1090 enrollee, the enrollee's family, or the health care provider;

1091 4. The most appropriate level of supply or service for the
1092 diagnosis and treatment of the enrollee's condition; and

1093 5. Approved by the appropriate medical body or health care
1094 specialty involved as effective, appropriate, and essential for
1095 the care and treatment of the enrollee's condition.

1096 (o) "Modified adjusted gross income" means the individual
1097 or household's annual adjusted gross income as defined in s.
1098 36B(d)(2) of the Internal Revenue Code of 1986 which is used to
1099 determine eligibility under the Florida Kidcare program.

1100 (p) "Patient Protection and Affordable Care Act" or "act"
1101 means the federal law enacted as Pub. L. No. 111-148, as further
1102 amended by the federal Health Care and Education Reconciliation
1103 Act of 2010, Pub. L. No. 111-152, and any amendments,
1104 regulations or guidance thereunder, issued under those acts.

1105 (q) "Premium" means the entire cost of a health insurance
1106 plan, including the administration fee or the risk assumption
1107 charge.

1108 (r) "Premium assistance payment" means the monthly
1109 consideration paid by the agency per enrollee in the Florida
1110 Kidcare program towards health insurance premiums.

1111 (s) "Qualified alien" means an alien as defined in 8

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1112 U.S.C. s. 1641(b) and (c).

1113 (t) "Resident" means a United States citizen or qualified
1114 alien who is domiciled in this state.

1115 (3) ELIGIBILITY.—To be eligible and remain eligible for
1116 the Healthy Florida program, an individual must be a resident of
1117 this state and meet the following additional criteria:

1118 (a) Be identified as newly eligible, as defined in s.
1119 1902(a)(10)(A)(i)(VIII) of the Social Security Act or s. 2001 of
1120 the federal Patient Protection and Affordable Care Act, and as
1121 may be further defined by federal regulation.

1122 (b) Maintain eligibility with the corporation and meet all
1123 renewal requirements as established by the corporation.

1124 (c) Renew eligibility on at least an annual basis.

1125 (4) ENROLLMENT.—The corporation may begin the enrollment
1126 of applicants in the Healthy Florida program on October 1, 2013.
1127 Enrollment may occur directly, through the services of a third-
1128 party administrator, referrals from the Department of Children
1129 and Families, and the exchange as defined by the federal Patient
1130 Protection and Affordable Care Act. As an enrollee disenrolls,
1131 the corporation must also provide the enrollee with information
1132 about other insurance affordability programs and electronically
1133 refer the enrollee to the exchange or other programs, as
1134 appropriate. The earliest coverage effective date under the
1135 program shall be January 1, 2014.

1136 (5) DELIVERY OF SERVICES.—The corporation shall contract
1137 with authorized insurers licensed under chapter 627 and managed
1138 care organizations under chapter 641 which meet standards
1139 established by the corporation to provide comprehensive health

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1140 care services to enrollees who qualify for services under this
1141 section. The corporation may contract for such services on a
1142 statewide or regional basis.

1143 (a) The corporation shall establish access and network
1144 standards for such contracts and ensure that contracted
1145 providers have sufficient providers to meet enrollee needs.
1146 Quality standards must be developed by the corporation, specific
1147 to the adult population, which take into consideration
1148 recommendations from the National Committee on Quality
1149 Assurance, stakeholders, and other existing performance
1150 indicators from both public and commercial populations.

1151 (b) The corporation shall provide an enrollee a choice of
1152 plans. The corporation may select a plan if no selection has
1153 been received before the coverage start date. Once enrolled, an
1154 enrollee has an initial 90-day, free-look period before a lock-
1155 in period of not more than 12 months is applied. Exceptions to
1156 the lock-in period must be offered to an enrollee for reasons
1157 based upon good cause or qualifying events.

1158 (c) The corporation may consider contracts that provide
1159 family plans that would allow members from multiple state and
1160 federally funded programs to remain together under the same
1161 plan.

1162 (d) All contracts must meet the medical loss ratio
1163 requirements under s. 624.91.

1164 (6) BENEFITS.—The corporation shall establish a benefits
1165 package that is actuarially equivalent to the benchmark benefit
1166 plan offered under s. 409.815(2), excluding dental, and meets
1167 the alternative benefits package requirements under s. 1937 of

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1168 the Social Security Act. Benefits must be offered as an
1169 integrated, single package.

1170 (a) In addition to benchmark benefits, health
1171 reimbursement accounts or a comparable health savings account
1172 for each enrollee must be established through the corporation or
1173 the contracts managed by the corporation. Enrollees must be
1174 rewarded for healthy behaviors, wellness program adherence, and
1175 other activities established by the corporation which
1176 demonstrate compliance with preventive care or disease
1177 management guidelines. Funds deposited into these accounts may
1178 be used to pay cost-sharing obligations or to purchase over-the-
1179 counter health-related items to the extent allowed under federal
1180 law or regulation.

1181 (b) Enhanced services may be offered if the cost of such
1182 additional services provides savings to the overall plan.

1183 (c) The corporation shall establish a process for the
1184 payment of wrap-around services not covered by the benchmark
1185 benefit plan through a separate subcapitation process to its
1186 contracted providers if it is determined that such services are
1187 required by federal law. Such services would be covered when
1188 deemed medically necessary on an individual basis. The
1189 subcapitation pool is subject to a separate reconciliation
1190 process under the medical loss ratio provisions in s. 624.91.

1191 (d) A prior authorization process and other utilization
1192 controls may be established by the plan for any benefit if
1193 approved by the corporation.

1194 (7) COST SHARING.—The corporation may collect premiums and
1195 copayments from enrollees in accordance with federal law.

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1196 Amounts to be collected for the Healthy Florida program must be
1197 established annually in the General Appropriations Act.

1198 (a) Payment of a monthly premium may be required before
1199 the establishment of an enrollee's coverage start date and to
1200 retain monthly coverage.

1201 (b) An enrollee may be required to make copayments as a
1202 condition of receiving a health care service.

1203 (c) A provider is responsible for the collection of point-
1204 of-service cost-sharing obligations. The enrollee's cost-sharing
1205 contribution is considered part of the provider's total
1206 reimbursement. Failure to collect an enrollee's cost sharing
1207 reduces the provider's share of the reimbursement.

1208 (8) PROGRAM MANAGEMENT.—The corporation is responsible for
1209 the oversight of the Healthy Florida program. The agency shall
1210 seek a state plan amendment or other appropriate federal
1211 approval to implement the Healthy Florida program. The agency
1212 shall consult with the corporation in the amendment's
1213 development and submit by June 14, 2013, the state plan
1214 amendment to the federal Department of Health and Human
1215 Services. The agency shall contract with the corporation for the
1216 administration of the Healthy Florida program and for the timely
1217 release of federal and state funds. The agency retains its
1218 authorities as provided in ss. 409.902 and 409.963.

1219 (a) The corporation shall establish a process by which
1220 grievances can be resolved and Healthy Florida recipients can be
1221 informed of their rights under the Medicaid Fair Hearing
1222 Process, as appropriate, or any alternative resolution process
1223 adopted by the corporation.

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1224 (b) The corporation shall establish a program integrity
1225 process to ensure compliance with program guidelines. At a
1226 minimum, the corporation shall withhold benefits from an
1227 applicant or enrollee if the corporation obtains evidence that
1228 the applicant or enrollee is no longer eligible, submitted
1229 incorrect or fraudulent information in order to establish
1230 eligibility, or failed to provide verification of eligibility.
1231 The corporation shall notify the applicant or enrollee that,
1232 because of such evidence, program benefits must be withheld
1233 unless the applicant or enrollee contacts a designated
1234 representative of the corporation by a specified date, which
1235 must be within 10 working days after the date of notice, to
1236 discuss and resolve the matter. The corporation shall make every
1237 effort to resolve the matter within a timeframe that will not
1238 cause benefits to be withheld from an eligible enrollee. The
1239 following individuals may be subject to specific prosecution in
1240 accordance with s. 414.39:

1241 1. An applicant who obtains or attempts to obtain benefits
1242 for a potential enrollee under the Healthy Florida program when
1243 the applicant knows or should have known that the potential
1244 enrollee does not qualify for the Healthy Florida program.

1245 2. An individual who assists an applicant in obtaining or
1246 attempting to obtain benefits for a potential enrollee under the
1247 Healthy Florida program when the individual knows or should have
1248 known that the potential enrollee does not qualify for the
1249 Healthy Florida program.

1250 (9) APPLICABILITY OF LAWS RELATING TO MEDICAID.—The
1251 provisions of ss. 409.902, 409.9128, and 409.920 apply to the

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1252 administration of the Healthy Florida program.

1253 (10) PROGRAM EVALUATION.—The corporation shall collect
1254 both eligibility and enrollment data from program applicants and
1255 enrollees as well as encounter and utilization data from all
1256 contracted entities during the program term. The corporation
1257 shall submit monthly enrollment reports to the President of the
1258 Senate, the Speaker of the House of Representative, and the
1259 Minority Leaders of the Senate and the House of Representatives.
1260 The corporation shall submit an interim independent evaluation
1261 of the Healthy Florida program to the presiding officers no
1262 later than July 1, 2015, with annual evaluations due July 1 each
1263 year thereafter. The evaluations must address, at a minimum,
1264 application and enrollment trends and issues, utilization and
1265 cost data, and customer satisfaction.

1266 (11) PROGRAM EXPIRATION.—The Healthy Florida program shall
1267 expire at the end of the state fiscal year in which any of these
1268 conditions occur, whichever occurs first:

1269 (a) The federal match contribution falls below 90 percent.

1270 (b) The federal match contribution falls below the
1271 increased FMAP for medical assistance for newly eligible
1272 mandatory individuals as specified in the federal Patient
1273 Protection and Affordable Care Act, Pub. L. No. 111-148, as
1274 amended by the federal Health Care and Education Reconciliation
1275 Act of 2010, Pub. L. No. 111-152.

1276 (c) The federal match for the Healthy Florida program and
1277 the Medicaid program are blended under federal law or regulation
1278 in such a way that causes the overall federal contribution to
1279 diminish when compared to separate, nonblended federal

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1280 contributions.

1281 Section 16. The Florida Healthy Kids Corporation may make
1282 changes to comply with the objections of the federal Department
1283 of Health and Human Services to gain approval of the Healthy
1284 Florida program in compliance with the federal Patient
1285 Protection and Affordable Care Act, upon giving notice to the
1286 Senate and the House of Representatives of the proposed changes.
1287 If there is a conflict between a provision in this section and
1288 the federal Patient Protection and Affordable Care Act, Pub. L.
1289 No. 111-148, as amended by the federal Health Care and Education
1290 Reconciliation Act of 2010, Pub. L. No. 111-152, the provision
1291 must be interpreted and applied so as to comply with the
1292 requirement of the federal law.

1293 Section 17. This act shall take effect upon becoming a
1294 law.

1296 -----

1297 **T I T L E A M E N D M E N T**

1298 Remove everything before the enacting clause and insert:

1299 A bill to be entitled

1300 An act relating to health care; amending s. 409.811,
1301 F.S.; revising and providing definitions; amending s.
1302 409.813, F.S.; revising the components of the Florida
1303 Kidcare program; prohibiting a cause of action from
1304 arising against the Florida Healthy Kids Corporation
1305 for failure to make health services available;
1306 amending s. 409.8132, F.S.; revising the eligibility
1307 of the Medikids program component; revising the

COMMITTEE/SUBCOMMITTEE AMENDMENT

PCB Name: PCB SPPACA 13-03 (2013)

Amendment No.

1308 enrollment requirements of the Medikids program
1309 component; amending s. 409.8134, F.S.; conforming
1310 provisions to changes made by the act; amending s.
1311 409.814, F.S.; revising eligibility requirements for
1312 the Florida Kidcare program; amending s. 409.815,
1313 F.S.; revising the minimum health benefits coverage
1314 under the Florida Kidcare Act; deleting obsolete
1315 provisions; amending ss. 409.816 and 409.8177, F.S.;
1316 conforming provisions to changes made by the act;
1317 repealing s. 409.817, F.S., relating to the approval
1318 of health benefits coverage and financial assistance;
1319 repealing s. 409.8175, F.S., relating to delivery of
1320 services in rural counties; amending s. 409.818, F.S.;
1321 revising the duties of the Department of Children and
1322 Families and the Agency for Health Care Administration
1323 with regard to the Florida Kidcare Act; deleting the
1324 duties of the Department of Health and the Office of
1325 Insurance Regulation with regard to the Florida
1326 Kidcare Act; amending s. 409.820, F.S.; requiring the
1327 Department of Health, in consultation with the agency
1328 and the Florida Healthy Kids Corporation, to develop a
1329 minimum set of pediatric and adolescent quality
1330 assurance and access standards for all program
1331 components; amending s. 624.91, F.S.; revising the
1332 legislative intent of the Florida Healthy Kids
1333 Corporation Act to include the Healthy Florida
1334 program; revising participation guidelines for
1335 nonsubsidized enrollees in the Healthy Kids program;

PCB SPPACA 13-03 Strikel

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COMMITTEE/SUBCOMMITTEE AMENDMENT

PCB Name: PCB SPPACA 13-03 (2013)

Amendment No.

1336 revising the medical loss ratio requirements for the
1337 contracts for the Florida Healthy Kids Corporation;
1338 modifying the membership of the Florida Healthy Kids
1339 Corporation's board of directors; creating an
1340 executive steering committee; requiring additional
1341 corporate compliance requirements for the Florida
1342 Healthy Kids Corporation; repealing s. 624.915, F.S.,
1343 relating to the operating fund of the Florida Healthy
1344 Kids Corporation; creating s. 624.917, F.S.; creating
1345 the Healthy Florida program; providing definitions;
1346 providing eligibility and enrollment requirements;
1347 authorizing the Florida Healthy Kids Corporation to
1348 contract with certain insurers; requiring the
1349 corporation to establish a benefits package and a
1350 process for payment of services; authorizing the
1351 corporation to collect premiums and copayments;
1352 requiring the corporation to oversee the Healthy
1353 Florida program and to establish a grievance process
1354 and integrity process; providing applicability of
1355 certain state laws for administration of the Healthy
1356 Florida program; requiring the corporation to collect
1357 certain data and to submit enrollment reports and
1358 interim independent evaluations to the Legislature;
1359 providing for expiration of the program; providing an
1360 implementation and interpretation clause; providing an
1361 effective date.

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